MARYLAND STATE DEPARTMENT OF HEALTH

11718

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (in this place) 3; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Geneva (Middle) Mae (Last) Biddell

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 21, 1950

9. AGE last birthday: 5 mo yrs. If under 1 year: Months 5, Days 14, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Berlin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Wilkins

14. MOTHER'S MAIDEN NAME: Susie Biddell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Susie Biddell, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Colitis — Interval between onset and death: 2 days.

571.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

119a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1950, to 11-4, 1950; that I last saw the deceased alive on 11-4, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Clifford E. Jolitt M.D. Berlin Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 5, 1950 | NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery | LOCATION (City, town, or county) (State): Berlin, Md.

DATE REC'D BY LOCAL REG.: 11-5-50 | REGISTRAR'S SIGNATURE: Helen F Hayward | 24. FUNERAL DIRECTOR: James Bloxsell | ADDRESS: Salisbury Md.

H052.0 99499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NACE INST.
NOV 11 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11707

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, Rt. #2
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Brittingham

4. DATE OF DEATH (Month) 11 - (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE A A
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-6-1873
9. AGE last birthday 77 yrs. If under 1 year: Months 7, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY owned farm
11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jacob Brittingham
14. MOTHER'S MAIDEN NAME Andy Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs. Sarah Brittingham, Berlin, Md. Rt. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	3 yrs
151X Antecedent cause(s)	(b) Carcinoma of Stomach	2 yrs
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Nov 4, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. F. O'Donnell M.D. ADDRESS Berlin, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11-11-50
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Berlin, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 11, 1950
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 15 1950
BUREAU V. S

11708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
LENGTH OF STAY (in this place) 89 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural, give location) R.F.D. IRONSHIRE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	ELIZABETH	BROWN	NOV.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	WIDOW	4/8/1861	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		BERLIN, MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS QUILLEN	CATHERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		—	MR. CHARLES BROWN, BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility	
571.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Arteries	
120a	(c) Colitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-1-50, 19..., to 11-21-50, 19..., that I last saw the deceased alive on 11-19-50, 19..., and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Schutt	M.D.	Berlin Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11 24 50	EVERGREEN	BERLIN MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-22-50	Helen F Hayward	Anna A Bunting	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 27 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11709

CERTIFICATE OF DEATH

Reg. Dist. No. 357

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill | LENGTH OF STAY (In this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) G. (Last) Hargis

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Dec. 11-1891 | 9. AGE last birthday: 58 11/5 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Snow Hill Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marion T. Hargis | 14. MOTHER'S MAIDEN NAME: Ella Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT, AND ADDRESS: Mr Marion Hargis Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio vascular	
	(c) renal disease	3 yr

442X
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 45, to 11/16, 1950, that I last saw the deceased alive on 11/16/50, 19..., and that death occurred at 8.50 P. m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) | ADDRESS Snow Hill Md | DATE SIGNED 11/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11.18.50 | NAME OF CEMETERY OR CREMATORY Riverview | LOCATION (City, town, or county) Snow Hill | (State) Md

DATE REC'D BY LOCAL REG. 11/18/50 | REGISTRAR'S SIGNATURE R. Roy Smith | 24. FUNERAL DIRECTOR Ulay E Dennis | ADDRESS Snow Hill Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 22 1950
BUREAU U. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11710

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (If in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Clarke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 618 Clarke Ave.

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) LEE (Last) HAYMAN

4. DATE OF DEATH (Month) Nov 12, (Day) 1950 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 12, 1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Edward Parker
14. MOTHER'S MAIDEN NAME Mary Ellen Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Robert Hayman, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Gall bladder & ducts with Metastases — several months

155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Gastritis & Hepatic Cirr — years

46f (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION Oct 10, 1950
19b. MAJOR FINDINGS OF OPERATION Cancer
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ Sept 2 1950
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2 1950, to Nov 12, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE N. E. Cartonus (Degree or title) Md. ADDRESS Pocomoke City DATE SIGNED Md 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/14/50
NAME OF CEMETERY OR CREMATORY Salem ME Cemetery
LOCATION (City, town, or county) Pocomoke City, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 14, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke City, Md. ADDRESS

RECEIVED
NOV 16 1950
BUREAU V. S.

11711

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) HELEN (Middle) LOUISE (Last) JOHNSON
4. DATE OF DEATH (Month) Nov 3, (Day) 1950 (Year) 19

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/27/1911
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Ernest Corbin
14. MOTHER'S MAIDEN NAME Margie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Norman Johnson, RFD 1, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage in Chest — Interval Between Onset and Death: Almost Instantaneous

982x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab wound Aorta Left lung

167

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) alley
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Stabbed with a knife.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE D. T. C. Sartorius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 11/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/8/50
NAME OF CEMETERY OR CREMATORY Tindly's Chapel Cem
LOCATION (City, town, or county) (State) Pocomoke City Rt. 1 Md.

DATE REC'D BY LOCAL REG. Nov. 8. 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11712

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 411 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) T. (Last) MASON

4. DATE OF DEATH: (Month) Nov (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 6, 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager (Plant)

10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Byrd Mason

14. MOTHER'S MAIDEN NAME: Susan Jane Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. 216-10-1963B

17. INFORMANT AND ADDRESS: Elwood Mason, Tacoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis	3 days
518X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal perforation	several hours
123	(c) Inflamed Contiguous Organs	(3)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hospitalization refused by patient

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Nov 17, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
W. E. Santorius | | Pocomoke City, Md. | 11/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/19/50 | NAME OF CEMETERY OR CREMATORY: Hall's Hill Baptist | LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: Nov. 19, 1950 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR | ADDRESS: Henry H Watson, Pocomoke City, Md.

15660

NOV 21 1950

11713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Worcester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Rt. #2 — LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no	STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Caroline	(Last) Morris	4. DATE OF DEATH	(Month) 11 - (Day) 24 - (Year) 1950
5. SEX: Female	6. COLOR OR RACE: a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow	8. DATE OF BIRTH: 5-13-1875	9. AGE last birthday: 75 yrs.	If under 1 year: Months 6, Days 11; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: Employed by family	11. BIRTHPLACE (State or foreign country): Maryland - Worcester Co	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME: Henry Tingle	14. MOTHER'S MAIDEN NAME: Ellen Purnell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Mrs. Annie Pitts - Berlin, Md. Rt. #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-vascular-renal Disease	5 yrs
442 × Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis generalized	10 yrs
	(c) Uremia, rec'd nephrosclerosis	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Debility rec'd Cerebral edema	10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 24 Nov, 1950, that I last saw the deceased alive on 24 Nov, 1950, and that death occurred at 5 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hermann Rahlin	M.D.	5 Bay St. Berlin Md	11/27/50

23. BURIAL, CREMATION REMOVAL, (Specify): Burial	DATE: 11-27-50	NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery	LOCATION (City, town, or county): Berlin, Worcester Co. (State): Md.
DATE REC'D BY LOCAL REG.: 11-27-50	REGISTRAR'S SIGNATURE: Helen F Hayward	24. FUNERAL DIRECTOR: James B Darkill	ADDRESS: Salisbury Md

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11714

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rora (Middle) D (Last) Ruark

4. DATE OF DEATH (Month) Nov. (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 15 1878
9. AGE last birthday 72/1/5 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph E. Riggin
14. MOTHER'S MAIDEN NAME Covina Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Martha E Butler Snow Hill, Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yr

442X Antecedent cause(s) (b) Polyarthritis — unknown

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 11/20, 1950, that I last saw the deceased alive on 11/19/20, 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Paul Chen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 22/50
NAME OF CEMETERY OR CREMATORY Olivet
LOCATION (City, town, or county) Snow Hill, Md Rural #2 (State)

DATE REC'D BY LOCAL REG. 11/22/50
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E Timmis ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11715

Reg. Dist. No. 350

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A. (Last) WARD

4. DATE OF DEATH (Month) Nov (Day) 23, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Oct 9, 1877

9. AGE last birthday 73 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Noah Ward

14. MOTHER'S MAIDEN NAME Charlotte Pilchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Beatrice Morse, Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	unknown
	(c)	

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94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1950, to Nov. 23, 1950, that I last saw the deceased alive on Nov. 23, 1950, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE Charles W. Trader (Degree or title) MD ADDRESS Pocomoke City Md DATE SIGNED 11-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/26/50

NAME OF CEMETERY OR CREMATORY Remson ME Cemetery

LOCATION (City, town, or county) (State) Rural, Pocomoke City, Md.

DATE REC'D BY LOCAL REG. Nov. 25, 1950

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke City, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11716

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: WORCESTER
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
LENGTH OF STAY (in this place): 70 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN.
STREET ADDRESS (If rural, give location): R.F.D. PARKERTOWN

3. NAME OF DECEASED (Type or Print): (First) ARKANSAS (Middle) JARMAN (Last) WARREN

4. DATE OF DEATH: (Month) NOV (Day) 21 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 3/11/1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 9, Days 10. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BERLIN MD R.I.P.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE W. JARMAN

14. MOTHER'S MAIDEN NAME: LAURA A. TILGHMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT AND ADDRESS: MR. GEORGE WARREN BERLIN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

61 (c) Diabetes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-50, 19..., to 11-21-50, 19..., that I last saw the deceased alive on 11-21-50, 19..., and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford E. Schott M.D.

ADDRESS: Berlin Md

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 11/23/50

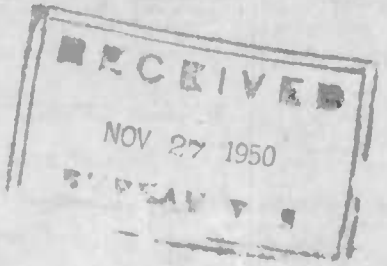
NAME OF CEMETERY OR CREMATORY: EVERGREEN

LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REG.: 11/22/50

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR ADDRESS: Anna A. Bunting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